

STATEMENT OF DISSOLUTION

1/2

Each political committee, including any subsidiary committee, which after having filed an annual statement of organization wishes to dissolve or disband and (1) determines that it has not received contributions, transfers of funds, or loans and has not made expenditures, transfers of funds, or loans in the aggregate during the calendar year in excess of five hundred dollars (\$500) and does not anticipate doing so or (2) determines that it will no longer receive any contributions, loans, or transfers of funds and will no longer make any expenditures, loans, or transfers of funds, shall file a statement of dissolution with the supervisory committee prior to dissolving. All committee debts and obligations must be paid or otherwise extinguished and any funds on hand must be expended or otherwise distributed before a political committee can dissolve.

Hand deliver or mail to: CAMPAIGN FINANCE, 8401 United Plaza Blvd., Suite 200, Baton Rouge, LA 70808-7017.

1. Full Name and Address of Political Committee
 CITIZENS AGAINST TRASH, INC.(C.A.T.)
 P.O. DRAWER 730

CROWLEY

LA 70527-0730

s/d 5/99
10/8 OFFICE USE ONLY

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2. Name and Address of Committee Chairperson

Please see attached sheets.

1999 OCT 12 PM 1:11
 STATE OF LOUISIANA
 CAMPAIGN FINANCE

3. Was this Committee the Principal Campaign Committee of a Candidate? Yes No

If yes, give the name of the Candidate *Please see attached sheets.*

4. Was this Committee a Subsidiary Committee designated by either a Candidate or a Principal Campaign Committee? Yes No

If yes, give the name of the Candidate or Committee *Please see attached sheets.*

5. WE HEREBY CERTIFY that this committee has no unpaid debts or obligations and that all funds have been expended or otherwise distributed.

WE HEREBY CERTIFY that this committee (1) has not received contributions, transfer of funds, or loans and has not made expenditures, transfers of funds, or loans in the aggregate during the calendar year in excess of five hundred dollars (\$500) and does not anticipate doing so, or (2) will receive no contributions, transfers of funds, or loans and will make no expenditures, transfers of funds, or loans during the remainder of the calendar year.

WE FURTHER CERTIFY that a completed Committee Report accompanies this Statement of Dissolution.

Dated _____.

Laura Fard

 Signature of Committee Chairperson

 Daytime Telephone Number

 Signature of Committee Chairperson

 Daytime Telephone Number

Affiliated Persons / Organizations

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Name and Address of Chair Person

LAURA FAUL
262 ASPEN ROAD

CROWLEY

LA 70526

Chairperson:

Candidate Information

Office Sought (include title of office as well
as parish, city, town and/or election district)

Name of Political Party:

 SUPPORTED OPPOSED by the Committee

Daytime Telephone (Preparer):

Rel of Aff. Org. to Comm: